

CHESTERFIELD YOUTH GROUP HOME

APPLICATION FOR ADMISSIONS

STUDENT NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____

PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SUPERVISING COURT: _____

PROBATION OFFICER: _____

DJJ NUMBER: _____

DATE OF BIRTH: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED

(Social History can not substitute for completed application)

WILL THIS PLACEMENT BE:

COURT ORDERED _____ YES _____ NO

(If yes, a copy of the court order must be forwarded within 7 days of admission)

EMERGENCY PLACEMENT _____ YES _____ NO

(If Emergency Placement must have a letter from referring person probation or court)

ROUTINE ADDMISSION: _____ YES _____ NO

CHARGES: _____

PROTECTION NEEDS OF APPLICANT:

MENTAL HEALTH:

EMOTIONAL AND PSYCHOLOGICAL NEEDS OF APPLICANT:

(To Include current and past counseling or psychiatric services)

PHYSICAL NEEDS OF APPLICANT:

(Handicapping conditions)

HEALTH NEEDS:

SIGNIFICANT MEDICAL PROBLEMS OF APPLICANT:

MEDICAL INSURANCE COMPANY:

POLICY NUMBER OR MEDICAID NUMBER:

PHYSICIAN NAME:

ADDRESS:

PHONE NUMBER:

DENTIST NAME:

ADDRESS:

PHONE NUMBER:

CURRENT MEDICATION:

MEDICATION ALLERGIES:

SUBSTANCE ABUSE HISTORY:

EDUCATION NEEDS:

APPLICANT IS PRESENTLY ENROLLED IN:

SCHOOL: _____ OR GED PROGRAM: _____

NAME OF SCHOOL: _____ GRADE: _____

FOR GROUP HOME USE ONLY:

**WILL ADMISSION POSE SIGNIFICANT RISK TO THE APPLICANT, RESIDENTS, OR
FACILITY STAFF? _____ YES _____ NO**

**HAS SUFFICIENT INFORMATION BEEN GATHERED TO DEVELOP A SERVICE
PLAN? _____ YES _____ NO**

ADMIT INTO PROGRAM? _____ YES _____ NO

IF NO, REASON FOR DENIAL. _____

